

Just the Facts...

Risk Communication “Tips” for Army Preventive Medicine/Medical Staff Related to H1N1 Flu (April 2009)

Source: USACHPPM Health Risk Communication Program

Background:

The H1N1 flu is progressing rapidly in the United States and the world; therefore Commanders, Soldiers, military families, civilians, retirees, and contractors will also turn to Preventive Medicine (PM) and/or medical staff for information and answers. While the Army’s public health surveillance efforts are intensifying to identify possible trends in patient symptoms throughout the world, PM and medical staff will be called upon to provide guidance, advice, medical treatment, and at times, opinions on the seriousness of this situation because of their extensive knowledge, training, and experience. These interactions, whether one-on-one or in a group setting, can present communication challenges that medical experts must be prepared for.

Risk communication is a research-based approach for communicating effectively in situations involving high concern/emotions; controversy; sensitivity; and/or low trust. The goal of risk communication efforts is to increase public knowledge/understanding; enhance trust in you/your organization; and minimize negative impacts, such as undue fear and concern. People who simply want more information and are not unduly concerned should be referred to the identified resources provided at the end of this tip sheet. For all others, this document outlines some proven health risk communication principles/tools to assist medical/PM staff in communicating effectively with worried individuals/audiences.

Good risk communication is everyone’s responsibility. Every person who interacts with a worried individual has a role in practicing good risk communication skills, and in identifying concerns and responding to them well. Research shows that people judge the quality of information and responses based on trustworthiness. A poor response or interaction only serves to exacerbate undue concern about the risk, and at times, concern about the quality of care. A poor risk communication response by even one individual could likely increase a patient’s concern or outrage, which makes everyone’s job harder.

Verbally acknowledge concerns of worried people, patients and their families once identified. Research shows that during times of a looming crisis, worried people need to know that you understand and accept that they are concerned, regardless of the validity of concerns. Verbally acknowledging concerns, (i.e., “I can see that you’re worried. Let me tell you what I’ve learned about this situation...”) is an important step in decreasing them, and has the potential to minimize repeat medical visits by the “worried well.” This also holds true for medical facility staff, who may also be worried due to their close, frequent interactions with ill patients.

Address and acknowledge the uncertainties/unknowns related to the H1N1 flu situation, followed by what is being done to decrease them. Setting the stage upfront helps people mentally prepare for future cases, more severe symptoms, etc. and provides reassurance that you, your medical facility, the state, and the federal government are taking active steps to continue to protect public health.

Be willing to listen more. Although everyone in the Army medical system is over-extended, truly listening and being understanding are proven risk communication tools in decreasing unnecessary concerns. Be aware of your own non-verbal actions, such as focusing on the person while he/she is talking, as well as those of the worried person, such as facial expressions, etc. Active listening helps demonstrate you care about the other person’s wellbeing, and that you are committed to protecting public health. Doing so can help people

“convince themselves” that personal actions can be the most effective steps in protecting themselves and their families (i.e., good hygiene practices; develop a family preparedness plan, etc.)

Don’t overreassure. Although worried people want to know that things will turn out fine, research shows that most people also cope well with incomplete reassurance. In fact, downplaying the risk, over reassuring, and/or making false promises can eventually backfire by negatively affecting your credibility and ultimately increasing concerns.

Be willing to say “I don’t know” and be committed to finding the answer. In the face of mounting uncertainties related to the H1N1 flu situation, no one can be expected to have all the answers to every question. Provide information that you do have, honestly state that you do not know the answer, and then either take steps yourself to close the information loop, or refer the person to someone/somewhere that can help.

Provide hope and explicitly emphasize what people can do to protect themselves. Research shows that in a crisis, people want to be engaged in the response and empowered to take protective actions. Emphasizing standard actions (i.e., good hygiene, stay home when ill, etc.) affords people some level of control as this situation continues to unfold. Additional risk communication resources are listed below.

U.S. Army Center for Health Promotion and Preventive Medicine Health Risk Communication Program: Ph: 410-436- 7715/7709 usachppmhrcp@AMEDD.ARMY.MIL	U.S. Department of Health & Human Services “Pandemic Influenza Planning: A Guide for Individuals and Families:” http://www.pandemicflu.gov/PLAN/PDF/GUIDE.PDF
Centers for Disease Control and Prevention: Crisis & Emergency Risk Communication: http://emergency.cdc.gov/cerc/index.asp CERC “Tip” Cards: http://emergency.cdc.gov/cerc/pdf/CERC-Pubs-Wallets.pdf	U.S. Department of Health & Human Services “Communicating in a Crisis: Risk Communication Guidelines for Public Officials:” http://www.emergency-management.net/pdf/Communicating_Crisis.pdf
National Public Health Information Coalition: Resources on Swine Influenza: http://www.nphic.org/swineflu.aspx	